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CONFIRMATION NO. 7837

<b>SERIAL NUMBER</b> 10/619,967	<b>FILING OR 371(c) DATE</b> 07/15/2003 <b>RULE</b>	<b>CLASS</b> 439	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 59171 (49363)
<b>APPLICANTS</b> Thomas P. Osypka, Palm Harbor, FL; Ronald A. Van Den Nieuwenhof, Odessa, FL; Mohammed Islam, Palm Harbor, FL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/192,043 07/10/2002 PAT 6,978,185				
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/15/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input checked="" type="checkbox"/> Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 23
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 21874				
<b>TITLE</b> Low profile cardiac leads				
<b>FILING FEE RECEIVED</b> 402	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	